

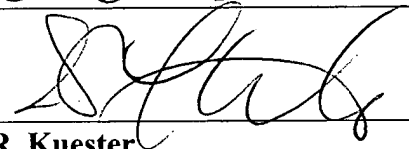


IFU 2814  
\$

# CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on 2-28-06  
  
\_\_\_\_\_  
**Jeffrey R. Kuester**

In Re Application of:

**Jerding, et al.**

Serial No.: **09/590,434**

Filed: **June 9, 2000**

For: **Video Promotional and Advertising Systems for Video on Demand System**

Group Art Unit: **2614**

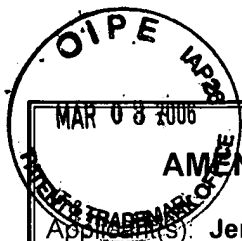
Examiner: **Beliveau, Scott E.**

Docket No. **A-6594 (191910-1480)**

The following is a list of documents enclosed:

Return Postcard  
Petition for Extension of Time - 1 month  
Amendment Transmittal Page  
Fee Transmittal  
Credit Card Authorization - Authorizing \$120.00 for 1 mo. EOT  
Response

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.



## AMENDMENT TRANSMITTAL LETTER (LARGE)

Applicant(s): Jerding, et al.

Docket No.

A-6594 (191910-1480)

Serial No.  
09/590,434Filing Date  
June 9, 2000Examiner  
Beliveau, Scott E.Confirmation No.  
1996Group Art Unit  
2614

Invention: Video Promotional and Advertising Systems for Video on Demand System

Commissioner for Patents  
Mail Stop Amendment  
P.O. Box 1450  
Alexandria VA 22313-1450


Transmitted herewith is a Response in the above-identified application.

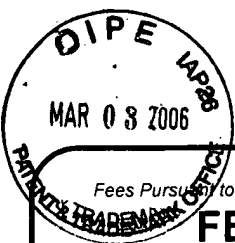
The fee has been calculated and is transmitted as shown below

## CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	5 -	42 =	0	X \$50.00	\$0
INDEP. CLAIMS	1 -	11 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0
EXTENSION FEE	1 <sup>ST</sup> MONTH <input checked="" type="checkbox"/> \$120.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$450.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$1,020.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$1,590.00	\$120.00
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$120.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$120.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

  
Jeffrey R. Kuester, Reg. No. 34,3672-28-06  
Date



Effective on 12/08/2004  
Fees Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**120.00**

### Complete if Known

Application Number	09/590,434
Filing Date	June 9, 2000
First Named Inventor	Jerding, et al.
Examiner Name	Beliveau, Scott E.
Art Unit	2614
Attorney Docket No.	A-6594 (191910-1480)

### METHOD OF PAYMENT (check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):  
☐ Deposit Account Deposit Account Number: **20-0778** Deposit Account Name: **Thomas, Kayden, Horstemeyer Risley, L.L.P.**  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments  
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

#### 2. EXCESSIVE CLAIM FEES

Fee Description		Fee (\$)	Small Entity Fee(\$)
Each claim over 20 (including Reissues)		50	25
Each independent claim over 3 (including Reissues)		200	100
Multiple dependent claims		360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
5	-20 or HP = 0	50	0
HP = highest number of total claims paid for, if great than 20			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
1	-3 or HP = 0	200	0
HP = highest number of total claims paid for, if great than 3			
Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)
		360	0

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	0/50=	0	(round up to a whole number) x 250 =	0

#### 4. OTHER FEE(S)

	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	0
Other: 1 month EOT	120.00

#### SUBMITTED BY

Signature		Registration No. <b>34,367</b>	Telephone Number <b>770-933-9500</b>
Name: (Print/Type)	<b>Jeffrey R. Kuester</b>	Date:	<b>7-28-06</b>